

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31754-5

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 11, 2019

X /s/ John Giardino

Signature of individual signing on behalf of debtor

John Giardino

Printed name

Chief Executive Officer

Position or relationship to debtor

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Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

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☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 3,451,634.93

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 3,451,634.93

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 21,925,384.50

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 2,280,354.87

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 24,205,739.37

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORKCase number (if known) 18-31754-5☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest

2. Cash on hand

\$126.62

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account
number3.1. HSBC Bank USA, National AssociationPayment Account1972\$47,388.753.2. HSBC Bank USA, National AssociationOperating Account1964\$16,417.853.3. HSBC Bank USA, National AssociationControlled Disbursement
Account (Southeast U.S.
locations)7514\$0.003.4. HSBC Bank USA, National AssociationControlled Disbursement
Account (Northeast U.S.
locations)7522\$0.003.5. HSBC Bank USA, National AssociationControlled Disbursement
Account (Corporate
Office)7557\$0.00

4. Other cash equivalents (Identify all)

Debtor Centerstone Linen Services, LLC
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5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$63,933.22

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. Cash collateral deposit for workers' compensation insurance with Great American Insurance \$170,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. Prepayment to ACN Companies, LLC \$135,000.00

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$305,000.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old: 111,379.57 - 26,937.27 = \$84,442.30
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$84,442.30

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.

Debtor Centerstone Linen Services, LLC
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☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|--|--|---|------------------------------------|
| 39. | Office furniture Miscellaneous office furniture used in the Debtor's business operations consisting of chairs, desks, tables, cubicles and other related office furniture | \$0.00 | Book value | \$7,384.80 |
| 40. | Office fixtures Miscellaneous leasehold improvements consisting of wiring for third floor and buildout of second floor office | \$0.00 | Book value | \$17,679.10 |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software Miscellaneous office equipment used in the Debtor's business operations consisting of computers, laptops, mobile workstations, telephone systems, software, printers, and other related office equipment | \$0.00 | Book value | \$119,323.51 |
| 42. | Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 43. | Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | | | \$144,387.41 |
| 44. | Is a depreciation schedule available for any of the property listed in Part 7? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 45. | Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.

Debtor Centerstone Linen Services, LLC
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☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available). | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. Lease of real property located at 60 Grider Street, Buffalo, NY 14215 | Debtor is lessee | \$0.00 | | \$0.00 |
| 55.2. Lease of real property located at 320, 400, 414, 401-423, 439-441 West Taylor Street, Syracuse, NY 13057 | Debtor is lessee | \$0.00 | | \$0.00 |
| 55.3. Lease of real property located at 3 East Industrial Parkway, Troy, NY 12180 | Debtor is lessee | \$0.00 | | \$0.00 |
| 55.4. Lease of real property located at 304 Jumonville Street, Pittsburgh, PA 15219 | Debtor is lessee | \$0.00 | | \$0.00 |
| 55.5. Lease of real property located at 201 Hodges Street, Albany, GA 31701 | Debtor is lessee | \$0.00 | | \$0.00 |

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

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| | General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|-----|---|--|---|------------------------------------|
| 60. | Patents, copyrights, trademarks, and trade secrets | | | |
| 61. | Internet domain names and websites <u>www.claruslinens.com</u> | <u>\$0.00</u> | | <u>\$0.00</u> |
| 62. | Licenses, franchises, and royalties | | | |
| 63. | Customer lists, mailing lists, or other compilations | | | |
| 64. | Other intangibles, or intellectual property | | | |
| 65. | Goodwill Goodwill | <u>\$2,853,872.00</u> | <u>Net Book Value</u> | <u>\$2,853,872.00</u> |

66. **Total of Part 10.** \$2,853,872.00
Add lines 60 through 65. Copy the total to line 89.
67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☒ No
☐ Yes
68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☐ No
☒ Yes
69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
 Include all interests in executory contracts and unexpired leases not previously reported on this form.
- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Centerstone Linen Services, LLC
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | \$63,933.22 | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$305,000.00 | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$84,442.30 | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$0.00 | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$0.00 | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$144,387.41 | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$0.00 | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | \$0.00 |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$2,853,872.00 | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$0.00 | |
| 91. Total. Add lines 80 through 90 for each column | \$3,451,634.93 | + 91b. \$0.00 |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | \$3,451,634.93 |

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

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☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | |
|-----|--|--|--|---------|
| 2.1 | <p>HSBC Bank USA, National Association Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred October 29, 2013</p> <p>Last 4 digits of account number 6392</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <p>Describe debtor's property that is subject to a lien All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p>Describe the lien Revolving Line of Credit</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> | \$12,000,000.00 | Unknown |
| 2.2 | <p>HSBC Bank USA, National Association Creditor's Name</p> <p>452 Fifth Avenue New York, NY 10018 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred October 29, 2013</p> <p>Last 4 digits of account number</p> | <p>Describe debtor's property that is subject to a lien All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property</p> <p>Describe the lien Revolving Line of Credit</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> | \$2,500,000.00 | Unknown |

Debtor Centerstone Linen Services, LLC
Name

Case number (if know) 18-31754-5

6376

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.3 HSBC Bank USA, National Association
Creditor's Name

452 Fifth Avenue
New York, NY 10018
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/29/13

Last 4 digits of account number

6200

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$5,076,734.21

Unknown

Describe the lien

Revolving Line of Credit

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.4 HSBC Bank USA, National Association
Creditor's Name

452 Fifth Avenue
New York, NY 10018
Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number

6400

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

\$920,625.00

Unknown

Describe the lien

Term Debt B

Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
☐ Contingent
☐ Unliquidated
☐ Disputed

2.5 HSBC Bank USA, National Association
Creditor's Name

Describe debtor's property that is subject to a lien

\$1,428,025.29

Unknown

Debtor Centerstone Linen Services, LLC

Case number (if know)

18-31754-5

Creditor's Name

452 Fifth Avenue
New York, NY 10018

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 29, 2013

Last 4 digits of account number

6418

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

All assets, including, but not limited to, receivables, equipment, general intangibles, inventory, leasehold interests and other related personal and real property

Describe the lien

Equipment Line of Credit

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 Med One Capital Funding, LLC

Creditor's Name

10712 South 1300 East
Sandy, UT 84094

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

April 12, 2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

ScrubEx LV Dispensers, ScrubEx LC Remote Receivers, Packers, Video Equipment

Unknown

Unknown

Describe the lien

Lease/Security Interest

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$21,925,384.
50

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

HSBC Bank USA, National Association
c/o Hahn & Hessen LLP
488 Madison Avenue
New York, NY 10022

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Line 2.1

Debtor Centerstone Linen Services, LLC
Name

Case number (if know) 18-31754-5

IPA One
10712 South 1300 East
Sandy, UT 84094

Line 2.6

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31754-5

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | | Total claim | Priority amount |
|-----|--|--|-------------|-----------------|
| 2.1 | Priority creditor's name and mailing address Georgia Department of Revenue Attn: Bankruptcy Section 1800 Centruy Boulevard, NE, Suite 9100 Atlanta, GA 30345-3208 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | \$0.00 |
| 2.2 | Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 | \$0.00 |

| Debtor | Centerstone Linen Services, LLC Name | Case number (if known) | 18-31754-5 |
|--------|--|---|----------------------|
| 2.3 | <p>Priority creditor's name and mailing address</p> <p>N.C. Department of Revenue and Taxation 501 N. Wilmington Street Raleigh, NC 27604</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>\$0.00 \$0.00</p> |
| 2.4 | <p>Priority creditor's name and mailing address</p> <p>NYS Department of Taxation & Finance Attn: Bankruptcy Unit P.O. Box 5300 Albany, NY 12205</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>\$0.00 \$0.00</p> |
| 2.5 | <p>Priority creditor's name and mailing address</p> <p>S.C. Department of Revenue and Taxation 775 Addison Avenue, Ste 201 Rock Hill, SC 29730</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>\$0.00 \$0.00</p> |
| 2.6 | <p>Priority creditor's name and mailing address</p> <p>U.S. Securities and Exchange Commission Northeast Regional Office 200 Vesey Street, Suite 400 New York, NY 10281</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p> | <p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Notice only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>\$0.00 \$0.00</p> |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Centerstone Linen Services, LLC
Name

Case number (if known) 18-31754-5

| | | | |
|-----|--|---|---------------------|
| 3.1 | Nonpriority creditor's name and mailing address ACN Companies, LLC 1415 Shoreland Drive Vero Beach, FL 32963 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Arrears under Master Lease Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$428,516.16</u> |
| 3.2 | Nonpriority creditor's name and mailing address Albany Medical Center Foundation 43 New Scotland Avenue MC 119 Albany, NY 12208 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$11,300.00</u> |
| 3.3 | Nonpriority creditor's name and mailing address American Dawn Inc. 401 W. Artesia Blvd. Compton, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Linens</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$23,713.77</u> |
| 3.4 | Nonpriority creditor's name and mailing address American Express 200 Vesey Street New York, NY 10285 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card charges</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$119,982.00</u> |
| 3.5 | Nonpriority creditor's name and mailing address American Zurich Insurance Company One Liberty Plaza 165 Broadway, 32nd Floor New York, NY 10006 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Action pending in New York State Supreme Court, Erie County</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>Unknown</u> |
| 3.6 | Nonpriority creditor's name and mailing address AnMed Health Foundation 800 N. Fant Street Anderson, SC 29621 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,500.00</u> |
| 3.7 | Nonpriority creditor's name and mailing address Bonadio & Co., LLP 100 Corporate Parkway, Suite 200 Amherst, NY 14226 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Auditing and accounting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$37,600.00</u> |

Debtor Centerstone Linen Services, LLC
Name

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| | | | |
|------|---|---|---------------------|
| 3.8 | Nonpriority creditor's name and mailing address CDW P.O. Box 75723 Chicago, IL 60675-5723 Date(s) debt was incurred _____ Last 4 digits of account number <u>9686</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,537.12</u> |
| 3.9 | Nonpriority creditor's name and mailing address Christopher Ivory c/o Danielle I. Warlick, Esq. 2221 Peachtree Road, Suite D-317 Atlanta, GA 30309 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Personal injury action from vehicle collision</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>Unknown</u> |
| 3.10 | Nonpriority creditor's name and mailing address Chubb 500 Ross Street 154-0455 Pittsburgh, PA 15262-0001 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>General liability insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$205,241.50</u> |
| 3.11 | Nonpriority creditor's name and mailing address ComDoc - Buffalo P.O. Box 932159 Cleveland, OH 44193 Date(s) debt was incurred _____ Last 4 digits of account number <u>CL01</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$5,421.24</u> |
| 3.12 | Nonpriority creditor's name and mailing address ComDoc - Lease 10201 Centurion Parkway Suite 100 Jacksonville, FL 32256 Date(s) debt was incurred _____ Last 4 digits of account number <u>4103</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$4,478.32</u> |
| 3.13 | Nonpriority creditor's name and mailing address Concur Technologies, Inc. 62157 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>5955</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$14,760.20</u> |
| 3.14 | Nonpriority creditor's name and mailing address Deluxe P.O. Box 64468 Saint Paul, MN 55164-0468 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$983.17</u> |

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| | | | |
|------|--|---|---------------------|
| 3.15 | Nonpriority creditor's name and mailing address ECMC Foundation, Inc. 462 Grider Street Suite G1 Buffalo, NY 14215 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,500.00 |
| 3.16 | Nonpriority creditor's name and mailing address Encompass Group, LLC Dept. 40254 P.O. Box 740209 Atlanta, GA 30374-0209 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Linens</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$147,335.20 |
| 3.17 | Nonpriority creditor's name and mailing address F&L, LLC 665 Main Street, Suite 300 Buffalo, NY 14203 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,000.00 |
| 3.18 | Nonpriority creditor's name and mailing address Grainger Dept. 831813324 Palatine, IL 60038-0001 Date(s) debt was incurred _____ Last 4 digits of account number <u>3324</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.19 | Nonpriority creditor's name and mailing address Great American Insurance Specialty Accounting P.O. Box 89400 Cleveland, OH 44101-6400 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,024.39 |
| 3.20 | Nonpriority creditor's name and mailing address IVR Technology Group, LLC 65 Lawrence Bell Drive, Suite #102 Buffalo, NY 14221 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$299.88 |
| 3.21 | Nonpriority creditor's name and mailing address Jones & Associates, LLC 1325 Avenue of the Americas, 28th Floor New York, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$7,605.66 |

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| | | | |
|------|--|---|---------------------|
| 3.22 | Nonpriority creditor's name and mailing address Loretto Foundation 1305 Nottingham Road Jamesville, NY 13078 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,500.00 |
| 3.23 | Nonpriority creditor's name and mailing address M&T Bank One Fountain Plaza Buffalo, NY 14203 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |
| 3.24 | Nonpriority creditor's name and mailing address M&T Insurance Company 285 Delaware Avenue Suite 4000 Buffalo, NY 14202-1885 Date(s) debt was incurred _____ Last 4 digits of account number <u>NTE1</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>General liability insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$381,458.08 |
| 3.25 | Nonpriority creditor's name and mailing address McKesson Medical Surgical 9954 Maryland Drive Suite 4000 Richmond, VA 23233 Date(s) debt was incurred _____ Last 4 digits of account number <u>7043</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruiting and pre-employment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$4,409.00 |
| 3.26 | Nonpriority creditor's name and mailing address Microsoft Corporation One Microsoft Way Redmond, WA 98052 Date(s) debt was incurred _____ Last 4 digits of account number <u>504a</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$32.63 |
| 3.27 | Nonpriority creditor's name and mailing address Mountain Valley Water Co. P.O. Box 95 Tonawanda, NY 14151-0095 Date(s) debt was incurred _____ Last 4 digits of account number <u>7620</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$520.37 |
| 3.28 | Nonpriority creditor's name and mailing address Oswego Health Foundation 110 West Sixth Street Oswego, NY 13126 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$2,000.00 |

Debtor Centerstone Linen Services, LLC
Name

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| | | | |
|------|---|---|---------------------|
| 3.29 | Nonpriority creditor's name and mailing address PayScale, Inc. 75 Remittance Drive Dept. 1343 Chicago, IL 60675-1343 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,624.99</u> |
| 3.30 | Nonpriority creditor's name and mailing address Pitney Bowes - Corporate 2225 American Drive Neenah, WI 54956-1005 Date(s) debt was incurred _____ Last 4 digits of account number <u>4399</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leased equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$858.46</u> |
| 3.31 | Nonpriority creditor's name and mailing address PPS Pension & Financial Services, Inc. 8660 Sheridan Drive Buffalo, NY 14221-6316 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,892.50</u> |
| 3.32 | Nonpriority creditor's name and mailing address Purchase Power 2225 American Drive Neenah, WI 54956-1005 Date(s) debt was incurred _____ Last 4 digits of account number <u>3128</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$646.64</u> |
| 3.33 | Nonpriority creditor's name and mailing address RJW Services LLC 5986 Miller Road Niagara Falls, NY 14304 Date(s) debt was incurred _____ Last 4 digits of account number <u>Clarus</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rentals and repairs</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$89.18</u> |
| 3.34 | Nonpriority creditor's name and mailing address Standard Textile One Knollcrest Drive Cincinnati, OH 45237 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Linens</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$799,705.88</u> |
| 3.35 | Nonpriority creditor's name and mailing address Staples Dept. ATL P.O. Box 405386 Atlanta, GA 30384-5386 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$0.00</u> |

Debtor Centerstone Linen Services, LLC
Name

Case number (if known) 18-31754-5

| | | | |
|------|--|--|-------------|
| 3.36 | Nonpriority creditor's name and mailing address Tamiko Favors c/o Barrett & Farahany Attn: Amanda A. Farahany, Esq. 1100 Peachtree Street, Suite 500 Atlanta, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Discrimination proceeding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.37 | Nonpriority creditor's name and mailing address The Hartford 301 Woods Park Drive Clinton, NY 13323 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>General liability insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$19,464.00 |
| 3.38 | Nonpriority creditor's name and mailing address The Upstate Foundation 750 E. Adams Street CAB Room 326 Syracuse, NY 13210 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$5,000.00 |
| 3.39 | Nonpriority creditor's name and mailing address Total Utility Management Services, LLC 10497 Town & Country Way, Suite 224 Houston, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consultant services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$6,000.00 |
| 3.40 | Nonpriority creditor's name and mailing address United Parcel Service P.O. Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred ____ Last 4 digits of account number <u>22F5</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Delivery</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$11.85 |
| 3.41 | Nonpriority creditor's name and mailing address Vaspian LLC P.O. Box 3399 Buffalo, NY 14240 Date(s) debt was incurred ____ Last 4 digits of account number ____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$1,847.79 |
| 3.42 | Nonpriority creditor's name and mailing address VITEC Solutions, LLC 611 Jamison Road Suite 4104 Elma, NY 14059 Date(s) debt was incurred ____ Last 4 digits of account number <u>AR09</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT related</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$15,494.89 |

Part 3: List Others to Be Notified About Unsecured Claims

Debtor Centerstone Linen Services, LLC
Name

Case number (if known) 18-31754-5

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|--|--|---|
| 4.1 | American Zurich Insurance Company c/o Relin, Goldstein & Crane, LLP Attn: Joseph M. Shur, Esq. 28 East Main Street, Suite 1800 Rochester, NY 14614 | Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Internal Revenue Service 30 West Pershing Road Kansas City, MO 64108-5000 | Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Microsoft Corporation P.O. Box 842103 Dallas, TX 75284-2103 | Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.4 | NYS Department of Taxation & Finance W.A. Harriman Campus Bldg. 9 Albany, NY 12227 | Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.5 | Standard Textile P.O. Box 630302 Cincinnati, OH 45263-0302 | Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

| Total of claim amounts | |
|------------------------|------------------------|
| 5a. | \$ <u>0.00</u> |
| 5b. + | \$ <u>2,280,354.87</u> |
| 5c. | \$ <u>2,280,354.87</u> |

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31754-5

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease by and between Centerstone Linen Services LLC, Atlas Health Care Linen Services Co., LLC, and 60 Grider LLC for operation of a laundry facility consisting of 60,000 square feet located at One Wright Place, 60 Grider Street, Buffalo, New York; Lease expires December 31, 2023

State the term remaining

approx. 5 years and 2 months

List the contract number of any government contract

60 Grider LLC
188 Bidwell Parkway
Buffalo, NY 14222

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease for equipment used to run Debtor's operations dated July 9, 2013; Lease expires December 31, 2020

State the term remaining

List the contract number of any government contract

60 Grider, LLC
805 Third Avenue
New York, NY 10022

2.3. State what the contract or lease is for and the nature of the debtor's interest

Master Lease Agreement for lease of building used to run Debtor's operations; Lease expired June 30, 2018 and is now month to month

State the term remaining

List the contract number of any government contract

ACN Companies, LLC
414 West Taylor Street
Syracuse, NY 13202

Debtor 1 Centerstone Linen Services, LLC

Case number (if known) 18-31754-5

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.4. State what the contract or lease is for and the nature of the debtor's interest Linen Control Subscription Agreement dated February 28, 2017

State the term remaining

List the contract number of any government contract

Innovative Product Achievements, LLC
10712 South 1300 East
Sandy, UT 84094

2.5. State what the contract or lease is for and the nature of the debtor's interest Lease for building located at 304 Lumonville Street, Pittsburgh, PA 15219; Lease expires September 30, 2022

State the term remaining

List the contract number of any government contract

Jumonville Acquisition, LLC
805 Third Avenue, 8th Floor
New York, NY 10022

2.6. State what the contract or lease is for and the nature of the debtor's interest Lease for laundry facility located at 201 Hodges Street, Albany, Georgia dated August 1, 2016; lease term is 3 years and expires July 31, 2019 approximately 10 months

State the term remaining

List the contract number of any government contract

Phoebe Putney Memorial Hospital, Inc.
417 W. Third Avenue
Albany, GA 31701

2.7. State what the contract or lease is for and the nature of the debtor's interest Lease Agreement dated December 28, 2016 for the following equipment: DM125 Digital Mailing System; Dept. Accounting Enabler; MPC4 Integrate Weigh Platform; PR00 Meter for DM125/DM225; PRW2 2lb. Integrated Weighing; and SBRP DM125 Digital Mailing System, together with related subscriptions and equipment service agreements; Lease expires June 30, 2022

State the term remaining

List the contract number of any government contract

Approx. 3 years and 5 months

Pitney Bowes
2225 American Drive
Neenah, WI 54956-1005

Debtor 1 Centerstone Linen Services, LLC

First Name

Middle Name

Last Name

Case number (if known)

18-31754-5

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest Purchase Agreement dated September 22, 2012

State the term remaining

List the contract number of any government contract

Standard Textile
One Knollcrest Drive
Cincinnati, OH 45237

- 2.9. State what the contract or lease is for and the nature of the debtor's interest Custom Product Agreement dated December 19, 2016; agreement expired December 19, 2017, with automatic yearly renewals

State the term remaining

List the contract number of any government contract

Standard Textile
One Knollcrest Drive
Cincinnati, OH 45237

- 2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Standard Textile
One Knollcrest Drive
Cincinnati, OH 45237

Fill in this information to identify the case:

Debtor name Centerstone Linen Services, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 18-31754-5

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

| | Name | Mailing Address | Name | Check all schedules that apply: |
|-----|---|---------------------------------------|-------------------------------------|--|
| 2.1 | Alliance Laundry & Textile Service, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.2 | Alliance Laundry & Textile Service, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.3 | Alliance Laundry & Textile Service, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.4 | Alliance Laundry & Textile Service, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
| 2.5 | Alliance Laundry & Textile Service, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |

Debtor Centerstone Linen Services, LLC

Case number (if known) 18-31754-5

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|-----|--|--|--|--|
| 2.6 | Alliance Laundry and Textile Service | of Atlanta, LLC 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|-----|--|--|--|--|

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|-----|--|--|--|--|
| 2.7 | Alliance Laundry and Textile Service | of Atlanta, LLC 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|-----|--|--|--|--|

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|-----|--|--|--|--|
| 2.8 | Alliance Laundry and Textile Service | of Atlanta, LLC 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|-----|--|--|--|--|

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|-----|--|--|--|--|
| 2.9 | Alliance Laundry and Textile Service | of Atlanta, LLC 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|-----|--|--|--|--|

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|------|--|--|--|--|
| 2.10 | Alliance Laundry and Textile Service | of Atlanta, LLC 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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|------|---------------------------------|---------------------------------------|--|--|
| 2.11 | Alliance LTS Winchester, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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|------|---------------------------------|---------------------------------------|--|--|
| 2.12 | Alliance LTS Winchester, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|------|---------------------------------|---------------------------------------|--|--|

Debtor Centerstone Linen Services, LLC

Case number (if known) 18-31754-5

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

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| 2.13 | Alliance LTS Winchester, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F <input type="checkbox"/> G |
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|------|---------------------------------|---------------------------------------|--|---|
| 2.14 | Alliance LTS Winchester, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.4 <input type="checkbox"/> E/F <input type="checkbox"/> G |
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|------|---------------------------------|---------------------------------------|--|---|
| 2.15 | Alliance LTS Winchester, LLC | 60 Grider Street Buffalo, NY 14215 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.5 <input type="checkbox"/> E/F <input type="checkbox"/> G |
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|------|--|--|--|---|
| 2.16 | Atlas Health Care Linen Services Co.,LLC | 414 West Taylor Street Syracuse, NY 13202 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F <input type="checkbox"/> G |
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| 2.17 | Atlas Health Care Linen Services Co.,LLC | 414 West Taylor Street Syracuse, NY 13202 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F <input type="checkbox"/> G |
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| 2.18 | Atlas Health Care Linen Services Co.,LLC | 414 West Taylor Street Syracuse, NY 13202 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.3 <input type="checkbox"/> E/F <input type="checkbox"/> G |
|------|--|--|--|---|

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|------|--|--|--|---|
| 2.19 | Atlas Health Care Linen Services Co.,LLC | 414 West Taylor Street Syracuse, NY 13202 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.4 <input type="checkbox"/> E/F <input type="checkbox"/> G |
|------|--|--|--|---|

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|------|--|--|--|---|
| 2.20 | Atlas Health Care Linen Services Co.,LLC | 414 West Taylor Street Syracuse, NY 13202 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D 2.5 <input type="checkbox"/> E/F <input type="checkbox"/> G |
|------|--|--|--|---|

Debtor Centerstone Linen Services, LLC

Case number (if known) 18-31754-5

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|---|--|--------------------|--|
| 2.21 | Atlas Health Care Linen Services Co., LLC | 414 West Taylor Street Syracuse, NY 13202 | ACN Companies, LLC | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____ |
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| 2.22 | John Giardino | 188 Bidwell Parkway Buffalo, NY 14222 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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| 2.23 | John Giardino | 188 Bidwell Parkway Buffalo, NY 14222 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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| 2.24 | John Giardino | 188 Bidwell Parkway Buffalo, NY 14222 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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| 2.25 | John Giardino | 188 Bidwell Parkway Buffalo, NY 14222 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
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| 2.26 | John Giardino | 188 Bidwell Parkway Buffalo, NY 14222 | HSBC Bank USA, National Association | <input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____ |
|------|---------------|--|--|--|

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|------|--|--|---------------|--|
| 2.27 | Atlas Health Care Linen Services Co., LL | 414 West Taylor Street Syracuse, NY 13202 | 60 Grider LLC | <input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u> |
|------|--|--|---------------|--|

United States Bankruptcy Court
Northern District of New York

In re Centerstone Linen Services, LLC

Debtor(s)

Case No. 18-31754-5

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|-------------------|
| For legal services, I have agreed to accept | \$ | <u>200,000.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>200,000.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
Negotiate with all creditors, including secured creditors, unsecured creditors, taxing authorities and other government agencies concerning claim treatment, negotiate with prospective purchasers, administer sale of assets under section 363 of the Bankruptcy Code, negotiate use of cash collateral, prepare chapter 11 plans and disclosure statements and all matters to properly administer chapter 11 cases.
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2019

Date

/s/ Stephen A. Donato

Stephen A. Donato

Signature of Attorney

Bond, Schoeneck & King, PLLC

One Lincoln Center

Syracuse, NY 13202

(315) 218-8000 Fax: (315) 218-8100

sdonato@bsk.com

Name of law firm

**United States Bankruptcy Court
Northern District of New York**

In re Centerstone Linen Services, LLC

Debtor(s)

Case No. 18-31754-5

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|----------------|----------------------|----------------------------|
| Atlas Syracuse Holdings, Inc. 414 West Taylor Street Syracuse, NY 13202 | | | 9.99% membership interest |
| F&L, LLC 665 Main Street, Suite 300 Buffalo, NY 14203 | | | 14.65% membership interest |
| GGCLS, LLC 55 East 59th Street Suite 1700 New York, NY 10022 | | | 23.02% membership interest |
| Linen Investors, LLC 6 Brighton Road Clifton, NJ 07012 | | | 41.86% membership interest |
| Xdolos Equity, LLC 805 Third Avenue, 8th Floor New York, NY 10022 | | | 10.47% membership interest |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Chief Executive Officer of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 11, 2019

Signature /s/ John Giardino

John Giardino

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of New York**

In re Centerstone Linen Services, LLC

Debtor(s)

Case No. 18-31754-5

Chapter 11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Centerstone Linen Services, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

F&L, LLC
665 Main Street, Suite 300
Buffalo, NY 14203

GGCLS, LLC
55 East 59th Street
Suite 1700
New York, NY 10022

Linen Investors, LLC
6 Brighton Road
Clifton, NJ 07012

Xdolos Equity, LLC
805 Third Avenue, 8th Floor
New York, NY 10022

☐ None [*Check if applicable*]

January 11, 2019

Date

/s/ Stephen A. Donato

Stephen A. Donato

Signature of Attorney or Litigant

Counsel for Centerstone Linen Services, LLC

Bond, Schoeneck & King, PLLC

One Lincoln Center
Syracuse, NY 13202
(315) 218-8000 Fax:(315) 218-8100
sdonato@bsk.com